

Revised 88/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

2010 JUL 20 AM 11:00

510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-4073

www.iowa.gov/ethics

FORM-GB

Gift or Bequest Information received
by a department or accepted by the
Governor on behalf of the state

For office use only

Indexed _____

Audited _____

Checked _____

Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Glenwood Resource Center

Name of Department or Office

711 South Vine Street

Glenwood, IA 51534

Mailing Address

712-525-1093

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name _____

Mailing Address (if different from above) _____

City, State, Zip (if different from above) _____

Email Address _____

Area Code & Telephone Number (if different from above) _____

DONOR OF GIFT OR BEQUEST:

Stacy McInay

Name

50772 Ashton Rd

Glenwood, IA 51534

Mailing Address

City, State, Zip Code

Area Code & Telephone Number _____

Email Address (optional) _____

7/7/2010

\$20.00

Date of Gift or Bequest

Amount/Value

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof.

Two blouses, two purses

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Ruth Messinger affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Ruth Messinger
Signature

7/20/2010

Date

Revised 06/08

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Glenwood Resource Center	
Name of Department or Office 711 South Vine Street	Glenwood, IA 51534
Mailing Address 712-323-1683	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Stephanie Sharma	
Name	
57264 Glover Rd	Pacific Jct, IA 51561
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

7/1/2010	\$ 100.00
Date of Gift or Bequest	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:

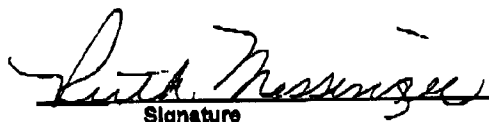
Christmas decorations, assorted craft items (beads, boxes, books, yarn, etc), ball caps, shoes, Easter baskets, door wreath, etc.

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 Signature

7/20/2010

Date